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## **Facsimile Cover Sheet**



To: Commissioner for Patents for Facsimile No.: 703/872-9306 **Examiner Unknown Group Art Unit 2183** From: Krista Douthitt No. of Pages Including Cover Sheet: 6 Senior Paralegal to Duke Yee Message: Enclosed herewith: Transmittal Document; and Preliminary Amendment. Re: Application No. 10/806,633 Attorney Docket No: AUS920040062US1 Date: Tuesday, July 27, 2004 This Facsimile is intended only for the use of the addressee Please contact us at (972) 367-2001 if and, if the addressee is a client or their agent, contains you do not receive all pages privileged and confidential information. If you are not the intended recipient of this facsimile, you have received this indicated above or experience any facsimile inadvertently and in error. Any review, difficulty in receiving this facsimile. dissemination, distribution, or copying is strictly prohibited. If you received this facsimile in error, please notify us by telephone and return the facsimile to us immediately.

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Dimpsey et al.

Serial No.: 10/806,633

Filed: March 22, 2004

For: Method and Apparatus for Providing Hardware Assistance for Data Access Coverage on Dynamcially Allocated Data Group Art Unit: 2183

Examiner: Unknown

Attorney Docket No.: AUS920040062US1

Certificate of Transmission Under 37 C.F.R. § 1.8(a)

I hereby certify this correspondence is being transmitted via facsimile to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile number (703) 872-9306 on July 27, 2004.

By:

Krista Douthitt

## TRANSMITTAL DOCUMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

35525
PATENT TRADEMARK OFFICE
CUSTOMER NUMBER

Sir:

## ENCLOSED HEREWITH:

Preliminary amendment.

No fees are believed to be necessary. If, however, any fees are required, I authorize the Commissioner to charge these fees to Deposit Account No. 09-0447. No extension of time is believed to be necessary. If, however, an extension of time is necessary, I authorize the Commissioner to charge the necessary extension fees to Deposit Account No. 09-0447.

Respectfully submitted,

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